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Bib Data Sheet

CONFIRMATION NO. 7315

<b>SERIAL NUMBER</b> 10/516,858	<b>FILING OR 371(c) DATE</b> 07/21/2005 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> C2432.0060
<b>APPLICANTS</b> Bengt Herslof, Stockholm, SWEDEN; Per Tingvall, Norberg, SWEDEN;				
<b>** CONTINUING DATA *****</b> ✓ This application is a 371 of PCT/SE03/00973 06/12/2003 <b>** FOREIGN APPLICATIONS *****</b> ✓ SWEDEN 0201922-2 06/20/2002 <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>mw</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 23  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 32172				
<b>TITLE</b> Anticoagulant composition				
<b>FILING FEE RECEIVED</b> 647	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	